
Editorial Comment

The South-eastern Europe Health Network (SEEHN) initiative on kidney transplant program-update for 2011/12

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The Regional Health Development Centre on Organ Donation and Transplant Medicine (RHDC-ODTM) located in Croatia was established in February 2011 with an aim to coordinate and strengthen collaboration and long-term cooperation within the South-eastern European countries of Albania, Bosnia and Herzegovina (BiH Federation and Republic of Srpska), Bulgaria, Croatia, Macedonia, Moldova, Montenegro, Romania and Serbia. At the very first professional meeting in Macedonia (May 2011) country specific Action Plan and an implementing strategy on how to increase living and later-on deceased donation (DD) and transplantation activities through self-sufficiency and sustainable long-term models were defined [1]. The activities were overtaken in close collaboration with national health authorities under the umbrella of the South Eastern Europe Health Network (SEEHN), through the networking of regional professionals and transparent communication platform for intracountry data exchange and reporting among health authorities (e.g. MoHs), medical experts, and healthcare professionals.

Kidney transplantation (KTx) is considered as best treatment option in chronic kidney disease patients in terms of their long-term survival [2] and health-economic variables of the health care system [3]. However, the co-

mon problem for widespread KTx activities, especially in developing countries [4], is the comprehensive need of a multidisciplinary organisational infrastructure and professional approach raising possibilities for organ commercialism [5]. In addition to the professional care it is essential that healthcare system authorities are in favour and support the improvement in such developing transplant program.

After the first professional meeting in collaboration with professional societies (European Society of Organ Transplantation, European Transplant Coordinators Organization, The Transplantation Society, International Society of Organ Donation and Procurement), data on organ donation and transplantation activities for 2010 of each country within the SEE region were collected and published as first ever publication for a comparative transplant program SEE [6]. What are the results of the following two years since SEEHN (RHDC-ODTM) establishment?

We do have an editorial on how to maintain the highest number of transplantations in Croatia on long-term in the current issue of the Bantao journal [7]. Facing severe financial crisis as the rest of surrounding countries the professionals hope that the Croatian health care au-

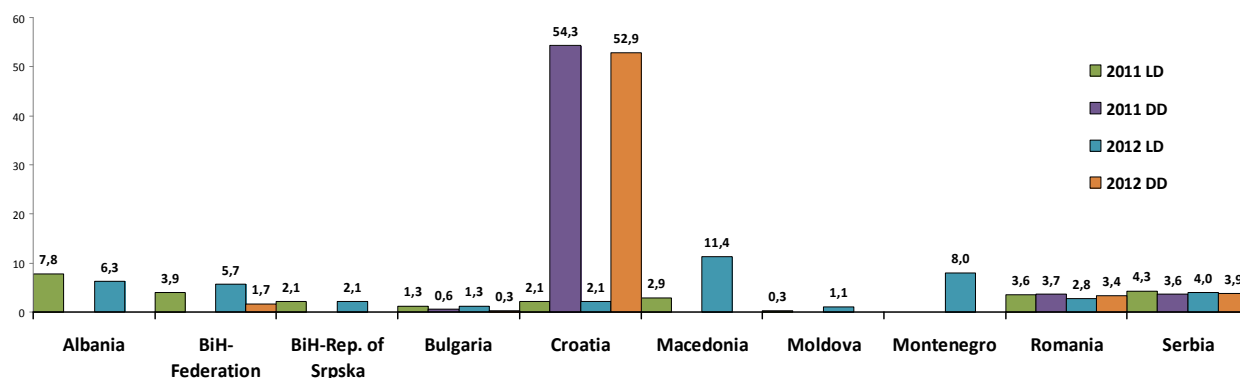


Fig. 1. Number of kidney transplants (PMP) per SEE country-year 2011/2012

Abbreviations: LD-Living Donor; DD-Deceased Donor

thorities will recognize the problem and prevent destruction of the most successful project of organ transplantation in the country and the region as the most valuable pattern on transplantation.

Data on kidney transplantation are presented in Figure 1. We would like to emphasize that two countries have already advanced their KTx program in the year 2012, i.e. Montenegro with 8 KTx per million population (pmp) and Macedonia with 11,4 pmp. Namely, the KTx program in Montenegro has been supported by Croatian urologists and nephrologists for the very first procedures, hoping to have an independent program in the following period. The living donor kidney transplant (LDKTx) program in Macedonia was initiated in 1977 and between 1996-2011 an average of 13.5 LDKTx/year was performed in a single University center [8]. The SEEHN initiative and the support from the RHDC on Organ Donation and Transplant Medicine were shown as valuable for improvement in transplant program in Macedonia [9]. Importantly, the Ministries of Health (MoH) were closely coordinated within the SEEHN initiative and an interrelation with the professionals was established for implementation of the necessary actions for improvement in the kidney transplant practice. The small number of dedicated professionals and insufficient reimbursement per transplantation allocated according to the DRG code were instantly managed [10] and thus it resulted in 24 successfully performed LDKTx in 2012 (Figure 1). We do expect further improvement in the organ donation and transplant activities in all other countries in the following period proving the importance of South Eastern Europe Health Network and other professional societies in yielding significant results in each SEEHN member country.

Conflict of interest statement. None declared.

Acknowledgements: We would like to thank all national focal points from SEEHN countries that provided data for this editorial.

References

1. Raley L, Spasovski G, Zupan J. The South Eastern Europe Health Network (SEEHN) and the work of the Regional Health Development Centre (RHDC) Croatia on organ donation and transplant medicine networking regional professionals. *Organs Tissues & Cells* 2013; 16(2): 131-136.
2. Wolfe RA, Ashby VB, Milford EL, *et al.* Comparison of mortality in all patients on dialysis, patients on dialysis awaiting transplantation, and recipients of a first cadaveric transplant. *N Engl J Med* 1999; 341(23): 1725-1730.
3. Garcia GG, Harden P, Chapman J. World Kidney Day Steering Committee 2012. The global role of kidney transplantation. *Curr Opin Organ Transplant* 2012; 17(4): 362-367.
4. Spasovski G. Can we decrease organ trafficking in the Balkans? *Clin Transplant* 2011; 25: E223-E224.
5. Spasovski G, Vanholder R. Kidney transplantation in emerging countries: do we know all the issues? *Minerva Urol Nefrol* 2012; 64(3): 183-189.
6. Spasovski G, Basic M, Raley L, *et al.* Current status of transplantation and organ donation in the Balkans-could it be improved through the South-Eastern European Health Network (SEEHN) initiative? *Nephrol Dial Transplant* 2012; 27(4): 1319-1323.
7. Basic-Jukic N. Is it possible to maintain the highest number of transplantations in Croatia on long term? *Bantao J* 2013; 11(2): 49.
8. Spasovski G, Dohcevic S, Stankov O, *et al.* Improvement in Kidney Transplant Program of Macedonia-What Might be the Clue? *Bantao J* 2012; 10(2): 47-48.
9. ERBP Guideline on the Management and Evaluation of the Kidney Donor and Recipient. European Renal Best Practice Transplantation Guideline Development Group. *Nephrol Dial Transplant* 2013; 28(2): ii1-71.
10. Spasovski G, Dohcevic S, Stankov O, *et al.* The improvement in kidney transplant program in R. Macedonia-what are the clues? *Prilozi*. 2013; 34(2): 9-13.